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H. T. WEBSTER, M. D., EDITOR.

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## PEROXIDE OF HYDROGEN.

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BY JOHN FEARN, M. D., OAKLAND, CAL.

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MEDICAL literature has contained a good deal of information on this drug of late, some of it wise and most certainly some of it otherwise. At the present writing I have no desire to go deeply into the subject, as I may return to it in the near future. For the present I will content myself by giving a few facts from clinical observation in my own practice; and, first, it is a remedy which may be used with advantage both internally and as a topical application.

First, as an internal remedy, the cases where I can recommend it are cases where the conditions are conditions of atony, not of irritation. Whether we note condition and appearance of tongue, mucous membrane, circulation, or facial expression, they all speak of feebleness; breathing is shallow, extremities are apt to be cold, in many cases we have cyanotic appearance of mucous membrane. There appears to be marked depression of the functions of the pneumogastric, and, in short, we would say this remedy is a stimulant, and we give it to stimulate.



I have known this remedy to be given to a patient suffering with serious lung trouble; the respiratory centers were almost paralyzed by the use, or perhaps I should say abuse, of narcotics. Almost immediate relief attended the administration of the drug, the dose being ten drops in a tablespoonful of water and repeated in one-half hour. I have given it in spasmodic asthma, the patient being a lady, feeble, and far advanced in years. In her case the difficulty would come on in the night and be very persistent. The dose was one teaspoonful every one to three hours of a simple mixture containing  $\text{ziii}$  of the peroxide to  $\text{3vj}$  of the mixture. The relief was so manifest that the patient wished to keep the medicine by her. In her case the improvement was not only temporary, but it seemed to remove the condition upon which the difficulty depended, and thus the advantage was permanent.

In phthisis pulmonalis I know with the conditions above described it is a good remedy. I have given it in connection with the syrup of hypophosphites, and from observation I come to the conclusion that it improves oxygenation, circulation, digestion, and assimilation. I have seen something of the rectal administration of gaseous enemata *a la* Bergeon, and so far I prefer to depend upon medication per mouth, and the careful administration of peroxide of hydrogen would be a portion of that medication. I do not care whether the oxygen in this preparation taken into the system acts as a germicide, thus killing right out the tubercle bacilli whose presence in the sputum, according to some authors, is a sure sign of pulmonary tuberculosis, or whether it so exalts the condition of the physical system that these low forms of life cannot exist there; what I want is to get rid of them. And if you can do this by improving the patient's physical system, to my mind it is much more preferable than to depend on germicides.

As to the use of this remedy topically, I would say I value it very highly. In true diphtheria I have seen nothing act with more certainty and celerity.

A few months ago I was treating a child about five years old for this disease; the membrane was very firm and could be very plainly seen extending upwards toward the posterior nares, and covering the soft palate. There was a clear history of the infec-



tion in this case; the child had been permitted to visit some of its playmates suffering badly with the disease. I wished to stop that membrane from spreading further, and for this purpose took a solution of peroxide of hydrogen, one part; water, two parts, applied it carefully with a soft, camel-hair pencil, four times a day, bathing the membrane and fauces thoroughly. The next day, on visiting my patient, I found the membrane still looking tough, though there is little doubt the painting had prevented the extension of the membrane. I now took the peroxide full strength and applied it thoroughly, when I had the satisfaction of seeing the membrane crumble and break up, coming away on the brush.

I have treated several cases since then, and have found it a grand topical auxiliary in the treatment of this disease. From what I have seen I am persuaded that in this section of country a very large percentage of the cases of so-called diphtheria are not diphtheria at all. I lately treated two cases, father and daughter; throats very much inflamed; mucous membrane tumid and glistening; swallowing difficult. By the second day there was an exudation in the throat and upon the tonsils, but it was not exudation of diphtheria. The usual remedies were given internally, and for a gargle prescribed:—

R Peroxide hydrogen, 3vj.  
Aqua mentha, ijss.  
“ distil. āā q. s., 3vj.

M. Sig.—Use as gargle every three hours.

The next day the exudation was clearing away, and such was the relief experienced that they asked for the R against further emergencies. In this case the remedy was given entirely for the removal of the exudation, and without the exudation I would not have prescribed it.

Another place for the topical use of this drug is in naso-pharyngeal catarrh. As you examine the condition of mucous membrane the impression you get is that there is a want of vitality, the color is often a very light blue shading off to a light gray. In these cases I have been using the remedy with manifest benefit with the spray apparatus. The strength will vary from 3ij to 3vj to aqua 3iv. Spray the throat with this solution several times a day.



Some months ago I treated a serious throat difficulty, syphilitic in origin, in the back wall of pharynx. There was a large ulcer deeply excavated, edges red and very sensitive; the surface of the ulcer was covered nearly all the time with a dirty grayish exudation. I tried many topical remedies, but they did but little good. I finally began to use galvanism, applying the electrode to the sore every second day. In addition to this I had the throat sprayed three or four times a day with a fifty per cent solution of peroxide of hydrogen. The relief was marked, and under the combined influence of galvanism and this spray the gray exudation disappeared and the ulcer finally healed. The galvanism might have done the business in time, but the cure was very much hastened by the spray. The sufferings of this man in swallowing were something frightful, but he experienced such relief from the spray that he watched for the time to come to use it. In such cases as mentioned above I can heartily recommend this remedy, and I may state in conclusion I have hitherto used the German preparation perhaps because I first tried that form.

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### A CASE IN PRACTICE—OVARIAN NEURALGIA.

BY J. C. ANDREWS, M. D.

MRS. E. was confined some two weeks since, aged 30 years, hard and tedious labor, upon which supervened a very distressing ovarian neuralgia peritonitis; the latter being subdued, the former remained unrelieved, though she was very vigorously treated with quinine and opium by one of our most prominent allopathic firms for a period of two weeks, during which she did not have an hour's respite from pain unless under the influence of an opiate. The friends had now become disgusted with the manner in which the case was being treated, and clamored for a change of doctors, when I was invited to assume charge of the case at 11 P. M., and found the patient weak, emaciated, discouraged, despondent, as well as were all the friends, her abdomen sore and tender, lochia scanty and foul, with putrescent odor, and had been from the first; the pain would come in paroxysms of from fifteen to thirty minutes apart, not unlike that of labor, except they would



commence in the right ovarian region and up over the right ilium and down the course of the great nerve, causing the patient to cry out in the most pitiful manner.

The treatment to which she had been subjected was opium by enema as well as per mouth, and quinine in large and repeated doses. The anodyne locked up the bowels so they had to be relieved by injections of warm water, then they would run off so much that it required the opiate to check them. The quinine had so irritated the nervous system that she was almost a maniac. Her stomach also had become exceedingly irritable, so that almost anything would cause vomiting, high fever, pain in the eyeballs of a penetrating character.—

Diagnosis: Ovarian neuralgia. Treatment:—

R        Tr. Aconite, gtts. v.  
          " Gelsemium, gtts. xl.  
          " Macrotys rac., gtts. xv.  
          Aqua pura, ℥vj.

M. Sig.—One teaspoonful every half hour for two hours, then every hour alternated with the following:—

R        Tr. Arnica Mont., gtts. xv.  
          Chlorate Potash, grs. xx.  
          Aqua pura, ℥iv.

M. Sig.—One teaspoonful every two hours.

In an hour improvement was perceptible as she had only one or two pains, the last of which was less violent than any of those preceding, and in two hours the patient was asleep and remained so until morning, and now, forty-eight hours, has been free from pain, the soreness and tenderness subsiding, the patient lying on either side without discomfort, appetite returning; is encouraged; friends and family happy; patient discharged; husband overrunning with gratitude; paid his bill and thanked us that we were able to render so marked relief in so short a time.

The patient has since had a run of remittent fever, but not a tinge of the neuralgia above spoken of, and is now convalescent, with a heart of gratitude to her medical attendant.

CASE II.—MRS. B., confined October 5, natural labor. Second day and the night previous after pains had assumed the form of



an ovarian neuralgia, and the prescription as in case above was prescribed, and after twenty-four hours' treatment pain all subsided, and the patient doing well, so the husband informed when he paid his bill.

Such results as these in the practice are truly gratifying and should stimulate us to a more thorough study of the ills of gestation and parturition.

I verily believe had case No. 1 had *our* tr. macrotys and pulsatilla a month or six weeks previous to her confinement, she would have escaped all of that inhuman suffering and subsequent treatment.

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### OBSTRUCTION OF WHARTON'S DUCT— METHOD OF RELIEF.

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BY JOHN V. GAFF, M. D., SHEDD, OR.

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PROF. H. T. WEBSTER, M. D.—*Dear Sir:* A few months ago I wrote you concerning what I will, for the want of a better name, call a hydrocele of the neck, caused by a surgeon lancing through Wharton's duct for the cure of ranula, the track left by the lance forming a passage for the secretion to flow down beneath the skin, forming a large pouch under the chin.

Acting on your advice I lanced down through the floor of the mouth into the pouch and drew out the contents with a syringe, after injecting sufficient warm water to make it flow, and then introduced a short piece of metallic catheter, which was left in the passage to keep it open. (I tried cotton and silk but they would not answer.) The catheter was removed, cleansed, and replaced every day after the first two days, when the swelling began to subside, and the tube caused a great deal of irritation, which was increased by the tube constantly working out and being every few minutes replaced with pressure by the upper teeth or the patient's fingers.

The part beneath the lower end of the tube suppurated and necessitated opening with a lance. It discharged a large quantity of pus, and continued to discharge until I went to a jeweler and ordered a tube made with a button on the lower end. This was placed



in the wound, and the parts have healed around it. Every day or two she twists a small piece of cotton on a wire and cleanses out the tube. The throat has now recovered its natural shape and appearance again. The tube has not been removed since it was inserted about a month ago. It does not cause any irritation or inconvenience whatever. The cough is still quite severe, but there is considerable dullness over the apex of the left lung.

If I ever have another similar case I shall take a large trocar and canula and make the opening, then with the canula remaining the sack can be emptied without having to re-introduce the nozzle of the syringe so often, and the hemorrhage, which was quite profuse and debilitating to one so weak as this patient was, would not be so great as from the lancet. Then after the sack was emptied, the small silver tube could be introduced and the trouble ended without further difficulty.

I am under many obligations for your suggestions, for which allow me again to thank you.

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## CONVALLARIA MAJALIS—LILY OF THE VALLEY.

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BY I. J. M. GOSS.

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[Excerpt from the author's *Materia Medica*—revised edition.]

*Convallaria majalis*, in large doses, acts as a purgative. There are two active constituents, that is, *Convallaria* and *Convallamarin*. The first is crystalline, and insoluble in water, and is the purgative principle of the root. *Convallamarin* is a glucoside and soluble in water, and is the principle that has its direct affinity for the heart. In moderate doses it first slows the heart, then quickens its action.

If toxic doses are given, it first causes a rapid and irregular pulsation, then the pulsations grow more and more feeble, and finally death takes place from syncope. It produces profuse diuresis and frequently purgation.

**THERAPEUTICS.**—*Convallamarin*, or the infusion or aqueous extract of the root of the lily of the valley, acts upon the heart directly, and upon the contained ganglia of the heart, and probably upon the vaso-motor system of nerves.



Its primary and secondary action is like that of digitalis. In medical doses, 1 to 5 gtts. convallaria majalis acts much like digitalis, and is used in diseases of the heart and in cases of dropsy, especially when associated with heart disease.

I use the tincture from the recent root, made by adding 8 $\frac{3}{4}$  to (96 per cent.) alcohol 1 pt.; dose, 20 to 30 gtts., repeated as often as every two or three hours. Thus given it exerts a special action upon the arterial and also upon the capillary venous circulation. It also relieves congestion of the liver, spleen, and intestines. It improves the circulation in the portal system. This makes it a remedy not only in dropsy but also in hemorrhoids. It is certainly a very potent remedy in cases of hypertrophy of the heart, with dilatation. And it is also a very valuable remedy in dropsy of the chest, or general dropsy, from heart disease. Inasmuch as this is a heart tonic, it is applicable in small doses, wherever the heart is feeble in its action. But in large doses, like digitalis, adonis, nux vomica, and other like remedies, it tends to produce irregular and peristaltic contraction of the heart; but in small doses, 3 to 5 gtts., it tends to correct the irregularity already present in disease of the organ. In those cases where the left ventricle is unable to force the blood into the aorta, this remedy will relieve this debility in a few hours.

In cases of mitral regurgitation from valvular disease, convallaria is of much utility.

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### WHITHER ARE WE DRIFTING?

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SINCE the publication of Prof. Jos. R. Buchanan's article on "Psychometry," it has been hinted, in a certain quarter that we are drifting into Spiritualism. To this we would reply that to interpret the publication of the subject in that manner is neither fair nor does it evince a careful reading or consideration of the subject matter.

Our eminent and venerable friend, Professor Buchanan, has devoted more than an ordinary life-time to the study of the brain and anthropology, and he attained results which were very far in advance of the scientific development of the time, 1835-41, both in



this country and Europe. Being of a very systematic and exact turn of mind, he thoroughly proved to himself every discovery made, and when no more chance for self-deception or illusion existed, he made the public acquainted with the facts of the case. That he has been correct in his deductions is proven not only by his scholars in this country, but also by the late experiments of some of the most eminent medical men of Europe. True, they did not attack the subject in American manner, but after the fashion in vogue in their respective countries.

We have now on our table the last five numbers of the *Revue de l' Hypnotisme, Experimental et Therapeutique*, edited by the Dr. Edgar Berillon, with a staff of eminent correspondents, among whom we find the names of Charcot, Voisin, Liebault, Dujardin, Beaumetz, and others. The *Review*, which we recommend to the notice of our French scholars, is published at 40 bis. Rue de Rivoli, Paris. (Price, 12 francs.)

We find in this *Review* reports of the practical application of hypnotism. Now hypnotism is not the exalted condition in which to investigate the powers of the brain, as the subject is unconscious, and under the control of the operator. In the psychometric state, the subject is self-possessed, calm, and to a certain extent passive. In this condition the subject attains his knowledge by intuition, the power by which we immediately perceive things (diametrically opposite to the "mediately" obtained knowledge through reasoning), which, while undeveloped, has been called by some a "sixth" sense. This sense when developed expands into psychometry, the name given by Professor Buchanan, and means a measurement or perception by the soul's instrumentality.

A great many will not recognize the soul, but we call this that something which is the true life-giving principle in man, that something which thinks, that part of us which is the real *homo*, and cannot be found in the body after death.

Psychometry, in relation to medicine, treats with our faculties and conditions as found on *this* side of death, while Spiritualism, as we accept it, deals with the possible conditions on the *other* side of death. It may be a wise plan to define our idea of Spiritualism, as words are, as it were, only empty vessels into which



each one puts his own meaning and construction. "The knowledge, not faith, in a life after death, and the possibility for the departed to communicate with us under favorable circumstances," is for us the interpretation of Spiritualism. Now with this definition, we fail to see that psychometry and Spiritualism are identical, or have any direct relation to each other.

As to the phenomena presented by psychometry and hypnotism, we think that if we are true eclectics we have *no right* to turn aside from any phenomenon that can be utilized to ameliorate the condition of the sick or suffering, mental or physical. We are not fettered by the steel-clad laws, rules, or oaths of any terrestrial master, but should, like the good children of the great divine Father, exhaust our endeavors to interpret his laws and phenomena correctly for the benefit of ourselves and our fellow-men. Everything in this boundless universe has been created with the most infinite wisdom, and it is our duty to learn all we can from nature. When it comes to the test, we will have to concede that in this universe are any amount of, to us, unknown forces and powers of which we do not know the first iota, in comparison to what remains to be learned.

We cannot say that medicine as yet is an exact science, hence it must, to a certain extent, be empirical, and we shall be able to learn new truths until medicine has been reduced to an exact and positive science. As true physicians we desire to relieve the ills that the human family is heir to, and it is our duty not only to give relief after disease makes its appearance, but it is far more our duty to help educate the masses to that understanding of man which will make disease one of the things of the past. We earnestly believe that in the distant future the time will come when it shall be a disgrace to be afflicted with any disease, as it will evince an ignorance of the laws of health.

In the reports above referred to, these eminent physicians claim to have cured dypsomania, eclampsia parturientium, to have changed the disposition of vicious men, women, and children, and to have accouched women during the induced hypnotic state. If it is possible to save pain, perform surgical operations without the use of direct anæsthetic, also change the character of peo-



ple, then we want to learn how to do it by all means. Looking deeper into these subjects we think we see a possible clue to the results occasionally obtained by mind-curiers, Christian science, and other, to me, rather "thin" agencies.

That the mind has sometimes a power to bring about complete cures I personally experienced in 1865. I then came down from Virginia, Nevada, not able to straighten my upper limbs or fingers (rheumatism). I bought a ticket for Nicaragau, expecting to get rid of the ailment there. As the steamer was leaving the dock when I came to the wharf, I made the expressman drive around to Meiggs Wharf, thinking possibly to catch the vessel from there; not being able to do it I put up again at the hotel. I was fortunate in getting my money refunded for the unused ticket, and when looking at myself after getting calm, I beheld quite movable arms and fingers. No more rheumatism! Nor have I had any since then, notwithstanding great exposures in Central America, Sandwich Islands, California, Oregon, and Nevada. I was so excited during the chase after the steamer that I perspired most profusely, had not a dry stitch on my back. Here the intensity of mental emotion no doubt performed the cure. That there is something in these things no one will deny, but who will get the kernel of truth out first? M.

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### SOME OF THE RESULTS OF VALVULAR DISEASE OF THE HEART.

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BY I. J. M. GOSS, A. M., M. D., MARIETTA, GA.

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[An excerpt from the third revised edition of the "Author's Practice."]

ONE of the results of valvular disease is mitral regurgitation. In valvular disease there is a tendency to compensatory hypertrophy, which greatly helps the heart to do its needed work in spite of the valvular deficiency. And when this compensative hypertrophy does exist cardiac stimulants are not needed, and if given freely, will doubtless do great harm. They are not needed even where the compensatory hypertrophy is beginning to take place, but where the compensation is insufficient or absent, then cardiac



tonics and stimulants are required in moderate quantity only. In mitral regurgitation the blood, instead of going onwards by the left ventricle into the aorta, is partially forced backwards into the left auricle at the time that the right ventricle is forcing the blood into the pulmonary artery and lungs. This causes the well-known tendency to pulmonary hemorrhage or hemoptysis. In such cases the right ventricle, having to oppose increased pressure, tends to dilate; consequently, the blood naturally accumulates in the veins generally, and hence the venous congestion of the kidneys producing albuminuria, and of the extremities producing œdema and anasarca. And whilst the venous system is engorged, the arterial system is thereby correspondingly empty, and not only do the limbs and kidneys suffer from this engorgement, but the heart itself is involved in this abnormal state, and its action may become weak or irregular.

In the above condition cardiac tonics are absolutely required, such as cactus, convallaria or adonis. They increase the power of the cardiac muscle, and thereby enable the left ventricle to force the blood along into the aorta, and also they tend to lessen the opening of the mitral orifice in the same way as in cases of incompetence. And as these tonics render the action of the heart stronger it is slower, which allows the ventricle to become more completely filled during each diastole. And the pressure on the right side of the heart and lungs, and also on the veins, is very much lessened, and the arterial system consequently becomes correspondingly filled, and the congestion of the organs involved is greatly diminished and their functions improved. In the above condition the kidneys elaborate less albumen, and the anasarca is removed from the limbs, and the heart itself is much improved in its action. Its pulsations become stronger and more regular. And these tonics continued not only temporarily relieve the functional deficiency of the heart, but finally cure the obstruction.

In mitral stenosis these cardiac tonics are probably beneficial, first, by lengthening the diastole, thereby allowing more time for the blood to pass out of the auricle into the ventricle, and second, by strengthening the power of the auricle. And in case this mitral stenosis is attended by mitral regurgitation, these tonics will do good.



In aortic stenosis, digitalis, cactus, convallaria, or adonis are of but little utility where there is sufficient compensatory hypertrophy, but in cases where the action of the heart is very feeble, they do no good. In aortic regurgitation, if the ventricle is strong enough to carry on the circulation, there is no risk to the patient of sudden death by syncope. When the aortic valves are healthy the arterial system is open into the capillaries, and through these vessels the blood flows so slowly that there is not that risk of syncope from the blood pressure suddenly falling too low. But in cases of aortic regurgitation from diseased condition of the aortic valves, allowing the blood to rush backwards into the left ventricle, then this condition is favorable for the blood pressure falling so low that syncope ensues. In the above condition digitalis is injurious, and should not be given. But here collinsonia is of great value, in doses of fifteen drops. In this condition of the heart the patient must be kept in a recumbent posture, with the head low, which lessens the tendency to regurgitation, and if the arterial pressure should fall the brain may receive enough blood to prevent syncope. In cases of aortic disease where the compensatory hypertrophy is deficient, or where the heart is enfeebled and so dilated that the mitral valves cannot close the orifice, the danger is to pulmonary congestion and dropsy; here adonis is useful.



## SELECTIONS.

### ABDOMINAL SURGERY AND HOW TO LEARN IT.

(Continued.)

#### CHOLECYSTOTOMY.

THERE are two methods of performing cholecystotomy; one of these consists in dividing the operation into two parts, viz., the abdominal wound and stitching the gall-bladder to the parietes of the abdomen, and waiting until the edges have grown fast before opening the viscus.

The other method consists in stitching the gall-bladder to the wound in the abdominal parietes directly it is reached.

In making the operation upon men, an incision from three to four inches long is made in the epigastrium, either in the linea alba or along the outer border of the right rectus muscle.

All bleeding should be stopped before opening the peritoneum.

When the gall-bladder is exposed, its fluid contents should be removed by the aspirator, and afterwards the fundus incised so as to permit of digital examination of its interior.

Care should be taken to hold the gall-bladder well up into the wound so that nothing may escape into the peritoneal cavity. After the calculi have been removed, the edges of the gall-bladder should be stitched with continued sutures, according to Tait, or with several interrupted sutures, to the edge of the abdominal wound, leaving the opening into the gall-bladder quite free.

Finally, the rest of the abdominal wound should be closed in the usual way.

Great care should be taken to pass the sutures through the whole thickness of the parietes, including the peritoneum.

There are several other points requiring caution in this operation, namely: 1. No part of the wall of the gall-bladder should be cut away. The walls may be very vascular, and much hemorrhage has been known to follow their removal. 2. If stones are found in the neck of the gall-bladder, or are encysted in its walls, much care must be exercised in the attempt to remove them, or the walls may be perforated, allowing the bile to escape



into the peritoneum. 3. If the calculus has adhered to the mucous membrane of the gall-bladder, it will be better to leave it behind than to run the risk of killing the patient by tearing the walls of the gall-bladder.

No attempt should be made to close the incision in the gall-bladder so as to return the viscus to the abdomen, owing to the possibility that bile may escape through the stitches into peritoneal cavity.

But granting that this risk is very remote, there is still danger and a more forcible objection; it is that the surgeon cannot be sure that a calculus has not formed in some part of the common or cystic duct, beyond reach of forceps or his fingers.

It is best to provide a cystic opening, through which all bile or calculi which are not detected, or which cannot be removed at the time of the operation, may subsequently come away.

Such in substance are the words of a writer in the *Encyclopedia of Medicine and Surgery*, by Ashurst.

Physiologists, long before surgeons assailed the gall-bladder, were accustomed to cut down upon this organ, and after incising it stitched it to the margins of the wound, passing a ligature about the common duct and establishing a genuine biliary fistula for the purpose of studying the value of bile in the animal economy.

Their work was done upon dogs and rabbits, although dogs made the best subjects, owing to the fact that the gall-bladder in them is larger.

To carry out in this animal the general plan of cholecystotomy as it is performed in man, make an incision in the abdomen, parallel with the external border of the rectus muscle and nearly opposite the umbilicus.

This incision should vary in length from an inch and one-half to three inches, according to the size of the animal. Pushing aside the omentum, the gall-bladder will usually be found as a small greenish-looking cyst adherent in the bottom of the wound. It can easily be drawn into the abdominal wound, and its contents removed by aspiration, when a small opening can be made through it with a knife or scissors. It can be attached to the



margin of the wound by interrupted or by continued sutures, as the operator thinks best.

In some instances the external incision in the abdominal wall may be so long that if the gall-bladder is sutured to the lower angle of the wound, the tension will be too great upon the sutures to permit of proper union. In that event it is best to close up part of the abdominal wound by interrupted sutures until that portion of it is reached where the gall-bladder can be sutured into it without undue traction.

Before this measure can be performed successfully—that is, the animal making a good recovery—several dogs will be sacrificed, while the operator is learning to do the work.

So sensitive is the peritoneal cavity to the smallest quantity of bile that a fatal peritonitis very easily develops.

My friend, Dr. J. E. Clark, of this city, has related to me the case of a robust workman who, while engaged in lifting some heavy object, suddenly felt something give way in the right side of the abdomen in the region of the gall-bladder. He immediately suffered pain, which gradually became more and more intense, and which speedily led to collapse, and after twelve hours death.

On opening the peritoneal cavity the doctor found the patient had sustained a rupture of the gall-bladder, and through the small rent a considerable quantity of bile had escaped into the peritoneal cavity, causing death as before mentioned.

#### CHOLECYSTECTOMY.

The walls of the bladder may be so diseased or so injured in the course of a surgical operation that the danger of hemorrhage or sepsis makes the retention of the organ in the peritoneal cavity unsafe. Sometimes the parietes of the gall-bladder may contain a number of encysted stones which threaten perforation, and which cannot be removed without jeopardizing the integrity of the gall-bladder walls. In such a case the gall-bladder should be removed entire.

This is done by pushing aside the large intestine, bringing the liver and the diseased gall-bladder into the wound, and putting a ligature around the cystic duct, and then dividing it with a few



strokes of the knife or scissors, taking care not to wound the liver when detaching the gall-bladder from its natural adhesion to that organ.

For this purpose, upon dogs, you make the incision in the abdominal wall precisely as for cholecystotomy. But the technical training consists mainly in the separation of the gall-bladder from the liver, so in the dog you draw the liver upwards, and its free edge into the wound so as to make the whole gall-bladder and cystic duct as available as possible. Then with thumb and finger grasping the liver with one hand and the gall-bladder with the other, the latter is separated from the former.

If the peritoneum, where it reflects from the gall-bladder to the liver, is carefully divided, very little hemorrhage follows the process of stripping the gall-bladder away from the liver. A ligature is now passed and tied around the cystic duct and the gall-bladder removed. The purpose of the ligature is to prevent a reflux of bile from the hepatic duct into the cystic duct and thence into the peritoneal cavity. In numbers of operations of this kind upon dogs, the writer has known the liver to be extensively wounded and its capsule of Glisson sutured and yet healing process suffer no interruption.

#### CYSTOTOMY AND BLADDER WOUNDS.

Sometimes in the course of operations for the removal of tumors from the cavity of the abdomen, the bladder is found adherent to the tumor in such a way that it is either torn accidentally, or its incision becomes necessary.

Such wounds should always be closed by suture; and important lessons may be learned by making such wounds in the bladders of brutes lower in the scale of animal life than a man.

I have repeatedly made wounds in this organ by thrusting a knife through the front wall of the abdomen just above the symphysis pubis, the bladder having been previously distended by injection by means of syringe with a quantity of warm water.

In a medium-sized dog, say thirty pounds weight, the bladder will be found at a depth from the front wall of the abdomen of not more than one inch, and such a wound will not be likely to injure any other organ than the bladder.



It will permit the escape of the fluid contents of the bladder into the peritoneal cavity, and the effects of the presence of urine in this cavity may be easily studied.

I have closed these wounds with every variety of suture, but that which has given the most satisfactory results has been the suture of Lembert. It carefully approximates the two surfaces of the peritoneum and leaves the cut edges of the wound to discharge their fluids into the bladder, to be carried away with the flow of urine.

Rupture of the bladder from external causes is quite a rare occurrence. I have attempted to produce it upon the lower animals but without success. I have, however, succeeded in causing this viscus to give way by injecting through the urethra into the bladder a quantity of water, which was further compressed until the walls of the bladder yielded by means of a strong piston.

In every instance I found it necessary before the bladder could be broken down, to fasten the urethra to the nozzle of the syringe, else that canal would yield and the fluid escape by the side of the nozzle before sufficient pressure could be brought to bear upon the vesical wall to compel it to give way.

I have also distended the bladder to its utmost degree, and then by the application of blows and pressure through the abdomen, by the exhibition of emetics to further force violent contractions of the abdominal muscles, and have given hypodermatic injection of strychnine with the view of inducing a tetanic spasm of the muscular system—all these in the expectation of producing a rupture of the bladder, but without success.

Yet the history of this accident as commonly recorded in the various works upon surgery, places doubt in regard to its occurrence entirely out of the question.

In cases in which the surgeon has reason to think, as a result of his manipulations with the catheter, lithotrite or other instrument, that the bladder has ruptured and its contents escaped into the cavity of the peritoneum, his duty is to open the abdominal cavity by a section in the median line from the umbilicus downward until the bladder is exposed through the wound.



The bladder should be thoroughly examined and the rent sought out and closed by interrupted sutures.

In the high operation for the removal of stone from the bladder, should the peritoneal cavity be accidentally opened and urine escape into it, the operator should enlarge the opening into the peritoneal cavity or by other means be sure that it has been perfectly drained.

#### CYSTECTOMY.

Cystectomy—extirpation of the bladder. This operation has hardly established its legitimacy. Italian surgeons are just beginning to think and speak of it. It can be made upon dogs with quite uniform success. My method is this: Open the abdomen from the umbilicus to the symphysis pubis. Empty the bladder by pressure. Pull the intestine out of the pelvis and find the ureters. Divide them after they have disappeared in the retrovesical fold of the peritoneum. Continue the dissection through this fold until the rectum is perforated at a point where it will most easily receive the proximal ends of the ureters. Fasten them in the rectum by fine silk or catgut sutures.

The bladder may now be removed by carrying an incision around it, near enough to its apex, and through the peritoneum only, so that membrane may be closed by sutures after the enucleation has been completed.

A few arteries will require ligature as the tissues about the urethra and base of the bladder are divided. In some dogs I have found it necessary to make a transverse incision through the rectus abdominis and pyramidalis muscles near their insertion into the pubis, at right angles to the primary incision in order to get room to apply ligatures and make incisions for removing the bladder from its attachments to the symphysis pubis and the deep perineal fascias. Were I making the operation on man, I would hesitate to make a large transverse wound in this part of the abdomen. Cancer, however, which could be almost the only excuse for such an operation, requires thorough extirpation, and it is very doubtful if a good, thorough operation could be made through an incision in the median line. One will soon learn, after making a few of these operations upon dogs, that the



mobility of many organs in the peritoneal cavity is not sufficient to enable one to operate with facility in all cases through a wound in the median line, and to do the work with the best possible chance for success he must often incise the abdominal wall in the region nearest to the diseased or injured viscus.

NORMAL OVARIOTOMY, OOPHORECTOMY.

The study of this operation may easily be pursued on the lower animals, dogs particularly. All that is necessary to perform the operation after the most approved method is to make the section of the abdomen in the median line extending from the umbilicus down to the symphysis pubis. Then, by pushing the finger down into the cavity of the pelvis, the uterus is easily felt.

The finger is carried upwards and latterly in either direction along either horn of the uterus until the ovary is found in the iliac fossa. The ovary is now drawn upward through the abdominal wound, a ligature is passed around its attachment to the Fallopian tube and broad ligament. With the scissors the ovary may now be excised and the stump or pedicle dropped back into the peritoneal cavity and the abdominal wound closed by interrupted sutures introduced according to the methods heretofore so often described.

This is the common operation of spaying practiced by farriers and swineherds. One of the latter is said by some writers to have been the first ovariologist. He had become so proficient in extirpating the ovaries of his swine that he had no hesitation in performing the operation upon his daughter, who had grown unmanageable and unwise.

The operation of removal of the Fallopian tubes or the uterine appendages requires about the same attention to detail that is required in the operation just described. A study of the influence of ligation of the arteries easily seen to pulsate in the broad ligaments upon the nutrition of the uterus and ovaries has proven very instructive to the writer, and suggests the usefulness of such an operation in cases where complete removal of the diseased structures is impracticable.—*Hal C. Wyman, M. D., in Medical Age.*

.(To be continued.)



## A CASE OF TUBERCULAR MENINGITIS CURED BY IODOFORM.

IN the January number of the New York *Medical Times*, in an article by Dr. Alfred K. Hills, occurs the following observation: "Dr. Eugene Martel (*Revue Internationale*) reports eight cases of tubercular meningitis cured by inunctions of iodoform as follows: The head being shaved for the purpose, a pomade made up of one part iodoform to five parts vaseline is rubbed into the scalp until a gram of iodoform has been used, twice each day, and a closely-fitting cap applied and allowed to remain.

. . . The disease having been considered incurable under any previous treatment should make us willing to investigate a mode which offers reasonable ground for success, especially when statistics are in its favor, as in this case."

I had lost two cases of tubercular meningitis within the three months preceding my reading of this article, so that when, a short time ago, a third case came under my care, I decided to give this a trial.

I will give the history of this case somewhat in detail, for the reason that when cases of tubercular meningitis are reported cured, the first thing that is done is to question the accuracy of the diagnosis. All writers seem to agree upon the hopelessness of the prognosis in these cases. In Pepper's "Practice" (Vol. 5, p. 735) it is said: "Hahn claims to have cured seven cases, but of five of them there is no evidence that they were examples of tubercular meningitis at all;" and again (p. 737): "A careful examination of the reports of these cases satisfies me that but two out of the seven were really examples of tubercular meningitis. In these cases the recovery is attributed to the energetic application of tartar emetic ointment to the scalp, producing extensive ulceration, which in one of them lasted more than ten months before cicatrization took place."

On the evening of June 18 I was called to see Hannah C., a child four years of age. Her mother gave me the following history: Two months previous she had had the measles; the



attack was a mild one; no physician had been called in; the child was kept in a darkened room for a day or two, treated on the expectant plan, and got well in a few days. From this time until the present, however, she had not seemed like the same girl. Her disposition was changed. She was cross, irritable, petulant, disinclined to play about as usual, although she was not sick and had nothing to complain of. During the past week she had cried out in her sleep a great deal. On the evening preceding my visit, without any premonitory chill, she developed a high fever, which lasted throughout the night, and had continued with a morning remission up to the time when I saw her. She had slept hardly any that night, kept moaning all the while, and when she did get to sleep would cry out in it, sometimes waking herself with her screams. She did not complain of any pain.

When I saw her the temperature was  $104.2^{\circ}$ , pulse 160, face flushed, pupils dilated, with a wild, anxious expression, skin hot and dry, not much thirst, a dull, general headache but no severe pain in head, tongue red and dry, convulsive twitching of tendons of hands, had eaten nothing all day. Child did not complain of anything. R: Belladonna every two hours.

19th. Morning temperature  $105.6^{\circ}$ , pulse 160. Child had not slept at all during night. Would utter the most piercing shrieks and screams, wanted to be carried the whole time. Would grind her teeth and roll her eyes upward and inward. Would not take any nourishment. Kept kicking and tossing all the time, or would lie still for a few moments, then utter a piercing shriek, and kick and fight in a most savage manner. The head was drawn backward and kept rolling constantly from side to side. Aconite was administered hourly. In the evening the temperature was  $104.4^{\circ}$ , pulse 144, small, full and soft. All the symptoms present in the morning were still present but intensified. The child had lost consciousness altogether, the pupils were widely dilated, had a vacant stare, and much of the time were rolled upward and could not be seen. The hydrocephalic cry was uttered at intervals. Child would grate and grind her teeth in a manner terrible to behold. Vomited two or three times during the day. Vomiting was projectile in character, the con-



tents of the stomach being forcibly ejected without any premonitory retching or signs of nausea. The bromide of sodium was administered in hourly alternation with tincture of aconite.

20th. Had not been quiet more than an hour altogether during night. Morning temperature,  $105.4^{\circ}$ , pulse 144, and weak. Respiration variable, at times presenting a modification of the Cheyne Stokes respiration, and at times becoming more regular, remaining steadily at 60 per minute—this while the child was at rest. There were no signs of any pulmonary lesions. Bowels moved during night. They had been constipated but this morning and during the night had two or three loose evacuations. Child could not articulate. Swallowed with difficulty. Extremely prostrated. Head drawn back, boring in pillow, and rolling constantly from side to side. Screaming and grating her teeth at intervals. Totally blind. Deaf. Unconscious. Automatic motions of legs and arms. Had taken scarcely any nourishment in last two days. Complete anorexia. Tongue heavily coated yellow. Breath very offensive. The case seemed beyond all hope of recovery, and an unfavorable prognosis was given.

I determined to give the iodoform a trial, though I certainly did not think that it or anything else could be of much benefit to the case.

Accordingly the child's head was shaved, a pomade was made up of iodoform and vaseline  $\mathfrak{z}$  iii to  $\mathfrak{z}$  ii, and one-half drachm of the ointment was rubbed into the scalp twice daily. It was well rubbed in, until no traces of the ointment remained. The rubbing seemed to have a soothing effect. The child seemed to like it and would remain quiet while it was being done. The tincture of veratrum viride was administered in drop doses hourly, and the bromide of sodium used at night only in alternation with it in six-grain doses.

The evening temperature was  $104.4^{\circ}$ , pulse 144, respiration 60.

21st. Morning temperature  $103.2^{\circ}$ , pulse 132 respiration 44. Child seemed a little better. Rested more during night. Took a little milk this morning. Seemed a trifle stronger. Otherwise



condition same as yesterday. No change in treatment. Evening temperature  $104^{\circ}$ , pulse 132, respiration 44.

22d, A. M. Temperature  $102^{\circ}$ , pulse 116, respiration 56. Sight was returning. Child recognized those about her. Pupils still dilated, but had lost their vacant stare. Heard what was said when spoken to loudly. Seemed to understand, but could not speak. Power of speech entirely absent. Took more nourishment. Had very little rest last night. The bromide of sodium which had been used freely during the night did not seem to have much effect. It was therefore discontinued, and *veratrum viride* given alone.

Evening temperature  $103^{\circ}$ , pulse 132, respiration 60.

23d, A. M. Temperature  $98^{\circ}$ , pulse 96, respiration 36. Child was brighter. The eyes looked more natural. The boring of the head had ceased. Swallowed without difficulty. Heard better. Very irritable and cross. Much improved since yesterday.

Evening temperature  $97.4^{\circ}$ , pulse 96, respiration 36.

24th, A. M. Temperature  $98^{\circ}$ , pulse 100, respiration 40. From this time the temperature continued normal for several days, and the child improved daily. *Veratrum* was discontinued and sulphur substituted. The power of speech began to return, and the child spoke with more distinctness every day. The appetite returned, and the child gained strength rapidly. With the fall of the temperature to the nominal standard an eruption of boils made its appearance upon the thorax and abdomen. They increased in number and size daily until the entire surface of the thorax and abdomen, anteriorly and posteriorly, was almost completely covered with them. The inunctions of iodoform were then discontinued and *hepar 3x* administered. A moderate degree of fever was present from these boils, the temperature ranging from  $100^{\circ}$  to  $102^{\circ}$ .

July 2d. Body covered with boils in all stages of development. Over fifty were counted at one time, not counting numerous pustules, which were also present in large numbers. The eruption was confined to the head, neck and trunk, the extremities being singularly free from it. No meningeal symptoms remained. R, *Hepar 3x*.



July 8th. Improving daily. Eats well. Growing stronger. Can walk and run about. R, Calc. phos. and hepar.

July 15th. Continued improvment. Boils are getting well. Only a few of them remain. Temperature is normal. Appetite is capricious, but child is gaining in strength and flesh. R, Calc. phos. 3x and hepar 3x.

July 24th. Boils have all disappeared. Still grinds her teeth and cries out in her sleep. Child is getting fat and strong.

August 15th. Child came to my office to-day with her mother. She is looking and feeling perfectly well. Nothing remains from her sickness save that she still sometimes grates her teeth in her sleep.—*William S. Miner, M. D., New York Medical Times.*

### TREATMENT OF GALL-STONES.

DR. SAMUEL MORALES PEREIRA, of Pueblo, Mexico, gives an account in a Mexican medical journal of a case of biliary calculus diathesis, with enlargement of the gall-bladder, in which he found a decoction of a well-known fern, *Asplenium ceterach* (or *doradilla*, as it is called in Spanish), of great value. The patient was a gentleman of good general constitution, who had suffered for a long time from pain of a more or less periodical character in the hepatic region. His digestion and his temper were considerably affected. He had applied to a number of medical men, but had never derived any benefit from their treatment. On examination the right hypochondrium was found to measure six centimeters more than the left, the region of the gall-bladder being distinctly enlarged and tender to the touch. The hepatic dullness in the axillary line was of normal breadth, but it extended five or six centimeters beyond the normal in a downward direction in the mammary line. On changing the patient's position no alteration in the situation of this abnormal dullness could be detected. The patient, on being asked, said that his urine deposited a red sediment, and that he had at times passed calculi with his stools. Dr. Pereira, having had experience of the good effects of ceterach in gravel and urinary calculus, and believing that it exerts an influence in calculous diathesis, decided to employ it in this case. A de-



coction of half a drachm of the plant in five ounces of water was ordered four times a day. During the first twenty days no effect was observed. By the end of another twenty days the symptoms of mental irritability had disappeared, and the pain in the hepatic region had very greatly diminished. In fifteen days more the tumor in the region of the gall-bladder had become much less perceptible. The patient had been kept on milk and broth, which he did not at all like. He had passed three gall-stones and some gravelly matter with his stools, there having been some severe hepatic pain.

After this the patient continued to improve, though it was not easy to convince him that he was doing so. The amount of ceterach was diminished, and capsules of taurin prescribed, belladonna frictions being also applied to the hepatic region. He passed a succession of gall-stones, and the whole of the abnormal physical signs as well as the subjective symptoms passed away. Dr. Pereira hazards a suggestion that ceterach may have some effect on calculi already formed, as well as on the calculous diathesis. He remembers being struck with the appearance of a stone, he does not say of what kind, which he saw removed from a young man's bladder, and which, though hard in some parts, was so friable in others that it could be broken down with the fingers. On questioning the patient, it was found that he had for some time taken ceterach by the advice of an old native medicine-man, and that while he was doing so he had remarked that he passed more urine, and that it contained gravel. The pain, however, did not diminish, and so he lost faith in the treatment and gave it up. It is to be remarked that the use of ceterach in urinary calculi is by no means new. Dr. Pereira does not explain what relationship he supposes to exist between the calculous diathesis which leads to urinary calculi and that which produces gall-stones, or why a remedy which is useful in one case should be prescribed in the other; still his facts, such as they are, are worth noting, and they seem to have interested the members of the Mexican Academy of Medicine, before whom they were brought, and who have the opportunity of examining the various gall-stones and gravelly matter passed with the feces, as well as the partly friable vesical cal-



culus upon which Dr. Pereira's suggestions were in part based.—  
*Lancet, October 1, 1887.*

## PROPRIETARY MEDICINES—SHOULD PHYSICIANS PRESCRIBE AND RECOMMEND THEM?

“SHOULD the physician use in his daily practice a ‘proprietary’ medicine? Can he, as a reputable practitioner, recommend these preparations in his correspondence with medical journals, without lowering the dignity of his profession or making himself amenable to discipline for a violation of time-honored principles of medical ethics?”

These questions have been put to this Journal, and perhaps to others, with the request that they be answered editorially; and while, as put, they are very broad, admitting of much latitude in replying, we think we but voice the general opinion of those who have given the subject any thought, in answering both of them, in a general way, in the affirmative.

The gist of the whole matter depends upon what is meant by the term “proprietary medicine.” In its limited and best sense we understand by the term a remedy of which the ingredients and their proportions are made known to the profession, and the trade or proprietary name of which is alone protected by law. When such preparations are made exclusively for the use of the medical profession, and are advertised exclusively in medical journals, we cannot see any possible lowering of professional dignity, or deviation from “time-honored principles of medical ethics” on the part of the physician who uses them in his daily practice, or who recommends them in his communications to medical journals.

The name, in this class of proprietary medicines, is to be regarded simply as the guinea's stamp, a guarantee of the purity and genuineness of the product; and the registration of it—patenting it, if you please—is as much for the protection of the physicians who use it as for the parties who manufacture the remedy. It in no sense makes the drug a “patent medicine,” any more than does the writing of “Fairchild” before pepsin, “Merck”



before or after an alkaloid, or "Schering" or "Squibb" before chloroform, transfer these chemicals into that category. These men—Merck, Schering, Fairchild, Squibb, and a few others—have devoted their lives and spent enormous sums of money in making their products the purest and best that can be attained by human honesty and human ingenuity; and as a reward their names, attached in *copyrighted labels* to their chemicals, stand as a perpetual guarantee to the physician and patient against the fraud and greed of less honest manufacturers, and it would be a great injustice to them, as well as to the profession and public, to deprive them of this guarantee.

The question may be, and frequently *is*, asked by the purists, usually by the very old, or by very young members of the medical or pharmaceutical profession, aspiring to be considered very scientific, "Why should a physician resort to these ready-made prescriptions at all? Why does he not draw upon his own knowledge of applied therapeutics and write out his own formulæ in every case? Why does he prescribe this one's sugar-coated pills or that one's gelatin-covered granules?"

Why, indeed? Simply because he knows that these articles, being made in vast quantities, by improved apparatus and appliances, manipulated by highly trained and educated employes and directed by skilled chemists, can be made better, more accurately, and far cheaper than they could be compounded by the most skillful prescriptionist. He does it for the same reason that he buys a watch ready made from the jeweler, or a buggy ready made from the carriage maker.

The most serious charge that is brought against the makers of some of the best known, most valuable and most frequently used proprietary medicines, is that the formulæ given by the manufacturers are not the true ones, or, as Dr. Craighill, of Lynchburg, Va., in a paper read before the Virginia Pharmaceutical Association at its last May meeting (published in the *Virginia Medical Monthly* for June, 1887) puts it, "a patented proprietary remedy which professes to publish its formulary *but does not*." If this charge were true, it would indeed be a grave one and a just cause for the banishment of such medicines from the list of those



which the physician may use "without lowering the standard of professional dignity," etc.

But when we examine into the matter, we find the sole ground for the charge to be that when the ingredients as named are put together by the physician himself, or by the prescriptionist, off-hand, though it may be *secundum artem*, the result frequently differs very widely from the preparation which it is intended to imitate. This fact would go far to prove the charge did we not remember that in all chemical processes *manipulation* has a great deal to do with results, and that the *element of time* has a value that nothing else can supply. A mixture in which no amount of shaking will produce combination or solution off-hand, or no amount of filtration will clarify, will frequently become perfectly limpid when given the requisite length of time. We are informed by Mr. Lambert that listerine requires eleven days in its preparation, and Messrs. Battle & Co. tell us that bromidia, for instance, requires six days for the thorough combination of its ingredients. We have no doubt that many other such remedies require even more time for their perfection, and no amount of skill on the part of the pharmacist can possibly make up for this element in their preparation. These facts are fully recognized in France and Germany, and we find the highest class of the medical journals of these countries full of advertisements and notices of preparations exactly analogous to our proprietary remedies.—*St. Louis Medical and Surgical Journal*.

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### CARBOLIZED OIL IN SCARLET FEVER.

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IN a paper by Mr. John Brown, medical officer of health of the borough of Bacup, testimony is borne as to the prophylactic advantages attending the early and continued inunction of carbolized oil in cases of scarlet fever. The carbolized oil used contains five per cent of the pure carbolic acid, and as soon as the rash is out, this is applied over the whole body except the face, for which olive oil is used. The inunction is repeated twice a day, with a warm bath every night, and the treatment is continued until the sixth week, by which time it may be expected that the desquama-

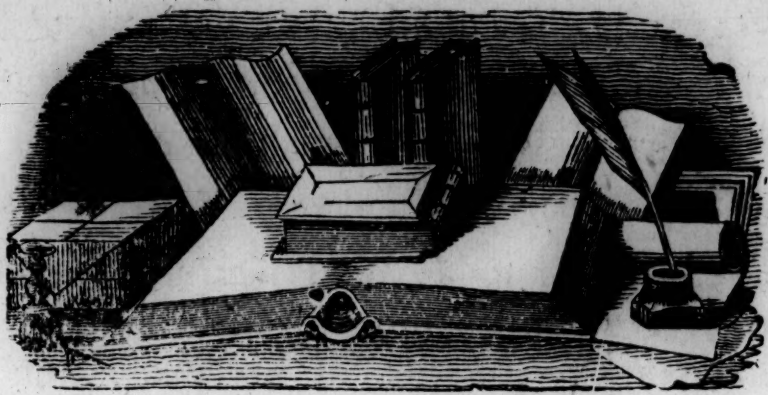


tion of the skin is complete, and the patient therefore no longer capable of conveying the infection.—*Pharmaceutical Journal and Transactions*, August 27, 1887.

### HYDROSTATIC PRESSURE IN INVERSION OF THE UTERUS.

PROF. MAX RUNGE, of Dorpat, having a case of inversion of the uterus, caused by a midwife pulling on the cord, which had been allowed to remain without medical advice for nine weeks, made several fruitless endeavors to effect reduction by manipulation and by distention of the vagina, by means of Braun's colpeurynter, which consists merely of an india-rubber ball with thin walls, provided, like Barnes' bags, with a tube and stop-cock. He then bethought himself of a plan recommended and practiced successfully by Krukenberg, viz., the application of considerable hydrostatic pressure to the vaginal canal, with the view of dilating the os uteri and of softening the inverted uterus itself. Prof. Max Runge sprinkled the colpeurynter well with iodoform, and again introduced it, connecting it with a vessel of water hung at the height of about three feet eight inches above the bed. Communication between the colpeurynter and the water-vessel was kept open, the stop-cock not being turned off, and so a high degree of hydrostatic pressure was continually exerted, distending the vagina and the os and compressing the body of the uterus. Next morning the pain caused by the apparatus became unendurable, and the patient pulled it away from her. Upon examination, it was found that the fundus had retreated within the os, which was widely distended; there was still, however, a partial inversion, which was readily reduced with the finger. The uterine cavity was then washed out with a carbolic solution, and a tampon of iodoform wool introduced into it. The mucous membrane of the vagina showing signs of sloughing, it was well powdered with iodoform; ergot was also given. The parts were carefully dressed for some days, and the patient made a rapid recovery.—*Lancet*, June 25, 1887.





## EDITORIAL.

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**The Close of Volume Eight.**—With this number the eighth volume of the JOURNAL is completed, and we hope our subscribers have been sufficiently edified to continue with us for another year. We have not given the premium method of inducing subscribers to join us much attention, but have tried to make the JOURNAL worth double the price asked for it, so that the premium might be contained within its covers.

Those who have preserved the twelve numbers will find, upon looking them over, that there is much valuable material in them, which is worthy of preservation. With a little expense they can be bound, and by the aid of the index accompanying this number, ready reference may be made to many points of usefulness.

With the January number the office of publication will be transferred to San Francisco, and all money, whether for subscription or advertising, should be sent to D. Maclean, M. D., 330 Sutter Street, of that place. As Dr. Maclean will have the business management in his hands, all inquiries as to advertising, etc., should be addressed to him. Articles for publication and exchanges should be addressed to H. T. Webster, M. D., 1015 Clay Street, Oakland, as formerly.

**Allopathic Methods at Plymouth.**—The reader will remember that we referred to Dr. Huckins' little unpleasantness at Plymouth, in a note in the November number of the JOURNAL. Since then we have been handed a communication from an indignant citizen of the aforesaid place, to the Eclectic Board of Examiners, which explains the situation more fully. We will reprint



extracts from it, partly that our readers may know how a certain class of a learned profession deports itself in our State, and partly as a matter of record. We may wish to refer to this at some later day.

"About one year ago Dr. J. W. Huckins, a member of your medical college, arrived in Plymouth, in this county (Amador) and State, and began the practice of his profession. As soon as he hung out his shingle a crusade was organized against him by the physicians belonging to *another* school. Patients were boldly told not to patronize Huckins, as he was no doctor, but a quack just out of that *quack eclectic school*. Such was the animus against him that men were threatened with dismissal by their employers if they patronized him. Notwithstanding all their efforts, H. had a few cases, wherein he proved that he knew his business. Since that time his practice has increased very rapidly and he is now far ahead of his competitors and traducers. Why do they call H. a 'quack'? I do not understand. He has thus far had remarkable success—in fact, phenomenal success. Why do not his traducers look at home first, and before calling him vile names, produce as good a diploma as he possesses?

"To show you how far they went in traducing the doctor, I will relate one case: Some time ago D. H. had a female patient under his treatment who was pregnant, and at the same time very low with a fever. As soon as old Dr. S. found this out he ingratiated himself with the woman and gave her medicine to cause an abortion, while H. was giving medicine to prevent it. The woman finally died, and as soon as the clique who have been trying to oust him knew of this, the hounds started a story to the effect that H. had caused the abortion.

"For the purpose of determining the truth, I interviewed the nurses who attended the woman and also talked with the man at whose house she died. Each and every one told me that Dr. Huckins treated the woman well, that under his care she improved—that when H.'s medicines were administered the patient rested well, and seemed easy and hopeful of recovery; but when the medicines of old S. were given she went into spasms and had hard and painful labor throes."

Here follow some indignant reflections on the actions of men professing to be saints, who serve the devil with might and main, that we omit.

"I do not see," continues the communicant, "why your college does not send more of its graduates to different towns; yea, all the towns of California! If all the graduates of your college are



as worthy as Drs. Vandre (of Amador) and Huckins, I say in behalf of a long-suffering people, ship them to every village on God's footstool."

These are but brief extracts from quite a lengthy communication, but they afford us the gist of the matter. Many of our readers have had similar experiences, and they demonstrate the rotten character of the rank and file of the average old-school practitioner. But we desire to remark that there are men in the ranks of this class of practitioners who are gentlemen in spite of the precepts to the contrary which they receive at college. The war upon "irregulars" is simply an excuse for the manifestation of a selfishness which they would practice upon each other if there were the least show of a license. There is little love lost among themselves, but they will agree upon one thing, and that is, war upon all interlopers that the delectable code does not protect.

Dr Huckins attended three full courses and two intermediate at our college, and was a faithful and untiring student throughout. That he profited thereby is evident from the flattering reports we have from him. It is probable that he put more time into the obtaining of his medical education than any one of those who would prevent him from practicing.

We would say to our communicant, as well as to all the world, that we are laboring to send a graduate from our school to every town in California, but we must make haste slowly. It requires three years of hard drilling to fit our graduates to our liking, and as our classes must be small and select, on account of our high standard of requirements, it will be a number of years before we can fully accomplish this end. In the meantime we shall earnestly labor on.

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**Latin in Medicine.**—The German Government has recently excluded Latin from the course of studies required in the public schools. In the progress that the world is making it seems a pity that a dead language, one of a nation long since extinguished, should cling to so many branches of study and encumber them with rubbish. Rome is no longer the mistress of the world. The



English language will soon be spoken in all quarters. It is said that now an English-speaking person can make himself understood in almost any portion of Europe without trouble. In medicine there is too much to learn without adding the requirement of Latin to the curriculum of a medical student, and when a university graduate with a full knowledge of Latin begins the study of medicine he is liable to find that the severe course of study pursued in obtaining a classical education has so taxed him that his energies are not equal to the effort of mastering medicine and entering vigorously into an active practice afterward. Medical students who imagine they are deficient without a classical education may remember that if so they are proficient, if they have a love for their calling, in many things which a student of languages may lack. And an important one of these is executive ability, which a hard student of many years fails to possess in the majority of instances. There is such a thing as a limit to human endurance.

**The Coming Meeting of the State Society.**—Our readers should bear in mind the State meeting of eclectic practitioners, which is just at hand. The Secretary will duly announce the time and place, through the mail, to all members, but there are those in the State who have never joined, and who ought to become members. We hope a goodly number will be present to assist in making the meeting a profitable one. The second Tuesday in December is the time.

#### MISCELLANEOUS PARAGRAPHS.

At the recent graduation exercises of the California College of Pharmacy the first prize—a gold medal—was awarded to M. H. Logan, M. D.

L. J. GRAHAM, M. D., in *Daniels' Texas Medical Journal*, recommends antipyrine very highly in the treatment of asthma; two fifteen grain doses were given an hour apart, then repeated as occasion required.



THE *Chicago Medical Times*, a good journal, by the way, is a puzzle. It is edited by Anson L. Clark, M. D., and Henry S. Tucker, M. D., as the cover announces, but the editorial department is conducted by Finley Ellingwood, M. D.

THE past two years have witnessed a revolution in the therapy of mucous-membrane diseases. Now such diseases as catarrh of the throat and nose, and gastric catarrh, also gonorrhea and leucorrhea, can be pleasantly and permanently cured by Lloyd's Hydrastis. The remedy is colorless, does not stain, and is not unpleasant to the palate. Less than two years ago it was first brought to the notice of the profession, and it has met with such favor that not a druggist of any standing in any part of the country but keeps it regularly in stock.

THE *American Magazine*, published at 749 Broadway, New York, though but just commencing the second volume, is rapidly coming into public favor as an entertaining and instructive family periodical. Its leading articles, which are profusely and often elegantly illustrated, are devoted to topics of interest to all lovers of travel, scenery, biography and history. It contains a department full of fun for young and old, and no "chestnuts." Also a department devoted to the subject of health, one to the household, and one to the American pulpit, and other interesting material in its appendix, while entertaining stories, poems and engravings in the magazine proper constitute it a very valuable companion for leisure hours. Our readers who wish a good family magazine should investigate the merits of this candidate.

RED WINE IN BED WETTING.—In 1840, a professor under whom I studied in Baden, stated that the physician of an orphan and foundling asylum, where children were kept till they had reached their fourteenth year, cured night wetting of beds by red wine, in two weeks. The wine was given at bed-time and in the morning before eating. Fifteen years ago a sixty-two-year-old man found himself unable to retain his urine more than five minutes. Recalling the red wine cure of the orphan asylum to mind, I gave him some home-made red wine (half blackberry, half elderberry), and he held his water for fifteen minutes, and then returned for a second dose. Subsequently he was able to hold his water for two hours during a jury trial. I subsequently cured the urinary incontinence of a fourteen-year-old girl with it, and later that of other children. In one case it is said to have failed, but as the child's guardian was a fanatical Spiritualistic prohibitionist, it is doubtful whether the child ever received the remedy. Two old men, one over sixty, one seventy-six, were



cured by it. The dose given was for children one to four drams, and for adults three ounces. The dose given at the orphan asylum was double this of pure wine (port), unobtainable here. A mixture of blackberry and elderberry wine is an excellent substitute. The remedy deserves a trial, as it is certainly palatable. —*Medical Standard*.

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### BOOK NOTICES.

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A PRACTICAL TREATISE ON THE DISEASES OF THE HAIR AND SCALP. By George Thomas Jackson, M. D. Published and sold by E. B. Treat, 771 Broadway, New York. Price, \$2.75.

The aim of this book is to present to the medical profession a concise statement of what is known of the diseases of the hair and scalp, special attention being given to their diagnosis and treatment. It is, to say the least, a very complete work on this subject, giving the anatomy of the hair, physiology and hygiene of the hair, and various diseases, with the latest and best treatment for the same.

THE ARCHIVES OF PEDIATRICS, a monthly journal devoted to the diseases of infants and children. Edited by William Perry Watson, A. M., M. D., Instructor in Diseases of Children in the New York Polyclinic. J. B. Lippincott Company, publishers, 715 and 717 Market Street, Philadelphia.

The publishers are pleased to announce that in the issue of the January number, 1888, will begin a series of articles on the "Therapeutics of Infancy and Childhood," by A. Jacobi, M. D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, President of the New York Academy of Medicine, etc. The plan and scope of these articles are given in the following extract from Professor Jacobi's letter to our editor:—

"I will prepare an essay of ten or twelve pages for every monthly issue of your journal. The subjects will be therapeutical. The first paper will probably contain general principles in their application to the disorders of early age. The following will treat of the therapeutics of the diseases of the newly born,



of developmental and infectious diseases, those of the organs of circulation and respiration, genito-urinary organs, stomach and other abdominal viscera, muscles and bones, skin, nervous system, etc. Other subjects which will be treated of afterwards are certain classes of remedies, such as anesthetics, narcotics, antifebriles, purgatives, absorbents, roborants, and stimulants, etc. If there be time and room, the most interesting diseases, such as epilepsy, chorea, whooping-cough, and growths, may become the subjects of special papers."

**MINER'S COMBINED DAY-BOOK AND LEDGER.** Published and sold by Joel A. Miner, Ann Arbor, Mich.

This book certainly meets our every expectation. We are in receipt of one, and on opening accounts on the first of the year we are satisfied that the gain of time, the saving in writing, saving in books, and clearness of record, will greatly facilitate matters, so much so, in fact, that it will become an indispensable article. Members of the profession having a large practice will find it invaluable in replacing their day-books, cash-books, ledgers and many indices. This one book will admirably take the place of them all and give great satisfaction. Physicians can make their entries in but a moment's time, and have a perfect system of book-keeping.

**PRACTICAL BACTERIOLOGY.** By Thos. E. Satterthwaite, M. D.

This little volume furnishes the student and the medical practitioner with a concise *résumé* of bacteriology, practical in character, and so extends more widely an interest in this most important topic. Bacteriology, as a branch of medicine, has already obtained for itself a name and permanent place. It therefore behooves every practical member of the profession to procure the little work. The foregoing is a volume of the "Physicians' Leisure Library." Published by Geo. S. Davis, Detroit, Mich.

**DIET IN CANCER.** By Ephraim Cutter, A. M., M. D., LL.D. Published by W. A. Kellogg, New York.

This is a pamphlet of thirty-three pages, in which some novel ideas are enunciated and some bold claims made for the cure of



cancer by dietary restrictions. We noticed this article when it appeared in the Albany *Medical Annals* and would refer the reader to the September number of the JOURNAL for our views on the subject. We would advise our readers to get the pamphlet and read it.

**A REFERENCE HAND-BOOK OF THE MEDICAL SCIENCES,** embracing the entire range of scientific and practical medicine and allied science. By various writers, illustrated by chromolithographs and fine wood engravings. Edited by Albert H. Buck, M. D. Published by William Wood & Co., 56 and 58 Lafayette Place, New York; William S. Duncombe & Co., agents, San Francisco.

Volume five of this valuable work has been received by us, and forms, to say the least, one of the most valuable works in our medical library. In the short time that it has been possessed by us we have had occasion to refer to it a number of times, and have been better pleased at each reference, finding it a very complete work. We find that it contains the ideas of both American and European writers on medical subjects, giving the reader the latest discoveries in medicine and surgery. Words cannot express our admiration of this valuable work.

**A TEXT-BOOK OF PATHOLOGICAL ANATOMY AND PATHOGENESIS.** By Ernst Ziegler. Translated and edited for English students by Donald Macalister, M. A., M. D. Three parts complete in one volume. Octavo, 1,118 pages, 289 illustrations. Price, extra muslin, \$5.50; sheep, \$6.50. New York: William Wood & Co.

The first part of this work—on general pathological anatomy—is practically complete in itself, and on some subjects, such as malformations, inflammations, etiology of tumors, and bacteria, it gives a fuller account of modern teachings and discoveries than has yet appeared in any English manual. The second part—on special pathological anatomy—is as complete as the first. Medical men should not fail to add this work to their libraries.

**THE DETERMINATION OF THE NECESSITY FOR WEARING GLASSES.** By D. B. St. John Roosa, M. D., LL.D.

A volume of the "Physicians' Leisure Library" now lies on our table. The object of this book is to serve as a guide to the



general practitioner in determining whether a given patient does or does not require glasses, either to aid the vision or to relieve a symptom that may not be directly referred to the eye. The busy practitioner can obtain from this little work an accurate idea of how much has been accomplished in the last quarter of a century in adjusting glasses for the improvement of sight and the mitigation and cure of distressing symptoms.

**A REFERENCE HAND-BOOK OF THE MEDICAL SCIENCES.** c  
entific and practical medicine and allied science. Illustrated by chromolithographs and fine wood engravings. Edited by Albert H. Buck, M. D. Published by Wm. Wood & Co., 56 and 58 Lafayette Place, New York.

The fourth volume of this valuable work now lies upon our table. As we open its pages and proceed to read we find so much valuable material compelling us to become more interested than with any other medical work we possess. It is a very complete work; one can easily refer to any subject in medicine.

Many of the contributors to this work are of the ablest physicians and surgeons found among the profession at the present day. The entire work is invaluable.



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